

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: BLOOD BAG SYSTEM AND METHOD OF  
INACTIVATING PATHOGENIC  
MICROORGANISMS

Attorney Docket Number:: 029650-152

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kenichi

Middle Name::

Family Name:: SATO

Name Suffix::

City of Residence::

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha 1500, Inokuchi,  
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing  
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::	259-0151
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Toshiki
Middle Name::	
Family Name::	KAMEYAMA
Name Suffix::	
City of Residence::	
State or Province of Residence::	Kanagawa
Country of Residence::	Japan
Street of Mailing Address::	c/o Terumo Kabushiki Kaisha 1500, Inokuchi, Nakai-machi
City of Mailing Address::	Ashigarakami-gun
State or Province of Mailing Address::	Kanagawa
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	259-0151

### **Correspondence Information**

Correspondence Customer Number::	21839
Phone Number::	(703) 836-6620
Fax Number:	(703) 836-2021

## Representative Information

Representative Customer Number:: 21839

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP02/13687	12/26/02

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2001-400979	12/28/01	Yes

## Assignee Information

Assignee Name::	Terumo Kabushiki Kaisha
Street of Mailing Address::	44-1, Hatagaya 2-chome
City of Mailing Address::	Shibuya-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	